

City of Loveland
Fire & Rescue/Community Safety Division
Fire Alarm/Sprinkler Permit Application

☐ Counter ☐ E-Mail ☐ Fax ☐ Mail

Job Name & Site Address: _____		Date: _____
Valuation (total cost of materials & labor): \$ _____		
Contractor: _____		Phone: _____
Email: _____		Fax No: _____
CONTACT NAME: _____		
<input type="checkbox"/> Commercial Wet Fire Sprinkler System <input type="checkbox"/> Commercial Wet Chemical System <input type="checkbox"/> Commercial Dry Chemical System <input type="checkbox"/> Commercial Fire Alarm System <input type="checkbox"/> Residential Wet Fire Sprinkler System <input type="checkbox"/> Residential Fire Alarm System		
Do Not Write Below This Line		
Staff Notes: 		Permit Information Permit Fee: Plan Check: Use Tax: Fire Insp: _____ TOTAL:
Inspection Date: _____ AM PM Inspection Comments: 		Permit # _____ Recd. By: _____ Date: _____

Additional Information _____